

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	317	70385	
O.I.P.E. CLASSIFIER		15	10-25
FORMALITY REVIEW	EGJ		10/7/68

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	8/29/68
2	9/2/68
3	9/2/68
4	✓✓✓✓✓
5	✓✓✓✓✓
6	✓✓✓✓✓
7	✓✓✓✓✓
8	✓✓✓✓✓
9	✓✓✓✓✓
10	✓✓✓✓✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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